

**POWER OF ATTORNEY  
OR  
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WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10576981
Filing Date	3/2/07
First Named Inventor	ASHDOWN
Title	METHOD OF THERAPY
Art Unit	1648
Examiner Name	LUCAS
Attorney Docket Number	5517-18

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

☐ OR  
I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

22442

☐ OR  
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 11/25/08

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

MERVYN JACOBSON

Date

Telephone

Title and Company

VICE PRESIDENT OF GLOBAL LICENSING AND INTELLECTUAL PROPERTY

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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